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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

07/01/2004

Martha Ann Finnegan, Esq.
Cabot Corporation
157 Concord Road
Billerica, MA 01821-7001



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Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Kim Blum (Depositor's name)
Kim Blum (Signature)
October 1, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/076,209	02/14/2002	William J. Benton	00072CIP	8589

TITLE OF INVENTION: DRILLING FLUIDS CONTAINING AN ALKALI METAL FORMATE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	31930	\$300	31930	10/01/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
TUCKER, PHILIP C		1712	507-103000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
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3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Cabot Specialty Fluids, Inc.

The Woodlands, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Publication Fee
☒ Advance Order - # of Copies 5

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(Authorized Signature) Luke A. Kilyk (Date) October 1, 2004
Reg. No. 33,251

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10/01/2004 TBESHAHE 00000265 030060 10076209

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02 FC:1504 300.00 DA
03 FC:8001 15.00 DA



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FACSIMILE TRANSMISSION COVER SHEET

DATE: October 1, 2004

TO: Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RE: U.S. Patent Application No. 10/076,209
For: DRILLING FLUIDS CONTAINING AN ALKALI
METAL FORMATE
Our Ref: 00072CIP (3600-306-01)

FROM: Luke A. Kilyk, Esq. *LK*

FAC. TEL. NO.: 1-703-746-4000

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 3

Items Attached: Fee Transmittal -- 1 page
Issue Fee Transmittal -- 1 page

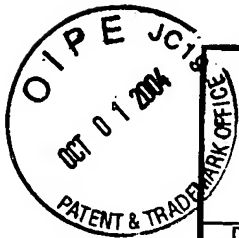
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Signature

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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Complete if Known	
Application Number	10/076,209
Filing Date	February 14, 2002
First Named Inventor	BENTON et al.
Examiner Name	Philip C. Tucker
Art Unit	1712
Attorney Docket No.	00072CIP(3600-306-01)

TOTAL AMOUNT OF PAYMENT	(\$) 1,685.00
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> Money Order		
<input type="checkbox"/> Other	<input type="checkbox"/> None		
Deposit Account Number	03-0060		
Deposit Account Name	Cabot Corporation		
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
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FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	Fee Paid
1001	2001	Utility filing fee	
1002	2002	Design filing fee	
1003	2003	Plant filing fee	
1004	2004	Reissue filing fee	
1005	2005	Provisional filing fee	
SUBTOTAL (1)		(\$)	0.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	-20**=	Extra Claims	Fee from below
Independent Claims	-4**=	X	
Multiple Dependent		X	
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	Fee Paid
1202	2202	Claims in excess of 20	
1201	2201	Independent claims in excess of 3	
1203	2203	Multiple dependent claim, if not paid	
1204	2204	**Reissue independent claims over original patent	
1205	2205	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)	0.00
** or number previously paid, if greater; For Reissues, see above			
SUBTOTAL (3)		(\$)	1,685.00

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Luke A. Kilyk	Registration No. (Attorney/Agent)	33,251
Signature		Telephone	1-540-428-1701
		Date	October 1, 2004

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Kim Blum
Name (Print)

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